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VRIESENDORP & GAADE

NR. 348, P. 2

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	08/171,910
Filing Date	03/18/1999
First Named Inventor	VAN DIJK, Dirk
Art Unit	1772
Examiner Name	CHEVALIER, Alicia Ann
Attorney Docket Number	VR2-002

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	TECH-WOOD INTERNATIONAL LIMITED		
By:	Dick van Dijk		
Signature			
Date	12-06-03		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

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Art Unit	1772
Examiner Name	CHEVALIER, Alicia Ann
Attorney Docket Number	VR2-002

I hereby appoint:

☒ Practitioner at Customer Number []

OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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Name

TECH-WOOD INTERNATIONAL LIMITED

By: Dirk VAN DIJK

Signature

Date

12-06-03

Telephone

0044 1580 340259

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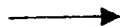
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Name

TECH-WOOD INTERNATIONAL LIMITED

By: Dirk VAN DIJK

Signature

[Signature]

Date

12-06-03

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Name TECH-WOOD INTERNATIONAL LIMITED

By: Dirk VAN DIJK

Signature

Date

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Telephone

0044 1580 240754

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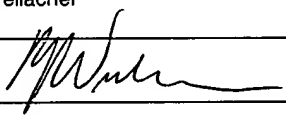
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/171,910	
	Filing Date	3/18/1999	
	First Named Inventor	Dirk Van Dlik	
	Art Unit	1772	
	Examiner Name	Chevalier, Alicia ann	
Total Number of Pages in This Submission	3	Attorney Docket Number	044186.003

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">Reply postcard</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert G. Weilacher
Signature	
Date	June 19, 2003

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